

# DOCUMENTATION FOR THE GENERIC CLEARANCE FOR THE COLLECTION OF QUALITATIVE RESEARCH & ASSESSMENT

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**TITLE OF INFORMATION COLLECTION:** Addressing Substance Use Disorders among Families Involved with the Child Welfare System: A Cross-Agency Collaboration

INTERVIEWS

SMALL DISCUSSION GROUPS

FOCUS GROUPS

QUESTIONNAIRES

OTHER (EXPLAIN: )

## DESCRIPTION OF THIS SPECIFIC COLLECTION

1. **Intended purpose:** Building on findings from a 2016/2017 ASPE study on substance use and child welfare caseloads, ASPE and CDC will fund separate study components of this collaborative effort, with a shared goal of identifying promising strategies and potential protective factors that may help to address rising rates of substance/opioid misuse and child welfare system entries. The Addressing Substance Use Disorders Among Families Involved with the Child Welfare System: A Cross-Agency Collaboration includes data collection activities consisting of site visits, key informant interviews (KIIs) and focus groups.

The ASPE-funded component, referred to as the Rural Communities Substudy (RCS), will focus on identifying service delivery challenges and promising strategies in rural communities.

The CDC-funded component, referred to as the Community Burden Substudy (CBS), will seek to identify community-level factors that differentiate counties on opioid misuse and child welfare entries by comparing matched counties that vary on these elements (i.e., high, mixed, and low burden counties). The CBS will also seek to identify parental trajectories into opioid misuse and where services/supports may have prevented misuse and child welfare placements.

We see the two components as complimentary efforts to expand our knowledge of the interactions between parental substance misuse and the child welfare system.

2. **Need for the collection:** Data from key informant interviews and site visits for the RCS are needed to understand whether and how rural communities can make full use of federal and state opportunities designed to address the increase in opioid abuse and overdoses, given that some known challenges are exacerbated in rural settings.

To further help communities, the CBS will explore potential reasons for variations in the substance misuse-child welfare relationship in different areas, with specific emphasis on supports and services and substance misuse trajectories within families. For example, low and mixed burden communities may offer protective factors for substance use and/or ACES that are not present in higher burden communities. Thus, studying the resources, supports, services, and partnerships present in low, mixed, and high burden communities may help to

identify factors with the potential to lessen the impact of substance misuse on children and families and their involvement with child welfare. The study will also examine trajectories of parental substance misuse and its impact on children to learn if there are possible turning points where additional services or supports could have prevented substance misuse.

3. **Planned use of the data:** With respect to ASPE's RCS, the data will be used to identify and disseminate information about identified issues that rural communities face, promising strategies, and opportunities to improve services for child-welfare-involved families in which a parent has a substance use disorder. We will identify issues for further study, identify service models in need of additional rigorous evaluation, and identify potential topics for technical assistance. The results will be summarized in two reports.

The CDC's CBS will identify primary prevention strategies worthy of more focused research related to interrupting the cycle through which children are harmed by parental substance misuse and come to the attention of child welfare agencies. It will also identify community-level factors that protect against opioid misuse and childhood exposure to violence and other adverse childhood experiences. This information will be valuable to providers, caregivers, and researchers. Products from the study include several reports summarizing interviews with providers/stakeholders and parents/caregivers.

4. **Date(s) and location(s):** For the RCS, key informant interviews will be conducted by telephone, and site visits will be conducted in person at six sites. Sites will center on an agency or organization implementing promising strategies in a local area. ASPE will select the final sites after its contractor identifies potential sites through the environmental scan and literature review as well as early informant interviews. Data collection for the informant interviews and site visits will occur between April 2019 and July 2019.
5. **Collection procedures:** For ASPE's RCS, data collection will be conducted by ASPE's contractor, Mathematica Policy Research, and will involve key informant interviews and site visits. The RCS contractor will conduct up to 12 key informant interviews in two waves, with six interviews in each. Wave 1 will be the first six key informant interviews and will engage local and national experts in child welfare and substance use to gather information on key issues, promising strategies, and opportunities for improvement in rural communities. Wave 2, the last six key informant interviews, will engage program directors and will be used, along with site visits, to gather detailed information about specific programs or strategies addressing substance use among child-welfare-involved families in rural communities. Each key informant interview will last about 60 minutes and have one or two participants, for a total of up to 24 participants. Interviewers for key informant interviews will use semi-structured discussion guides. One guide will be specifically for Wave 1 participants; another will be for Wave 2 participants and also for site visit interviews with program administrators. Questions will be tailored from discussion guides to each participant's expertise.

The RCS contractor will also conduct six in-person site visits, with on-site interviews lasting between 60 and 90 minutes. Interviewers for site visits will use semi-structured discussion guides and tailor questions to each participant's professional background and areas of expertise. Three semi-structured discussion guides will be used for the site visit interviews, one for each of three types of respondents: (1) program administrators; (2) practitioners; and (3) partners or staff from related organizations, including evaluators.

With respect to CDC’s CBS, CDC’s contractor, ICF, will conduct separate, weeklong site visits to the six selected counties to complete in-person KIIs and focus groups with two overarching groups: (1) multi-sectoral service providers/key stakeholders (e.g., child welfare caseworkers, law enforcement, substance use treatment providers, and other key staff), and (2) parents/caregivers (i.e., parents with a history of opioid/substance misuse and kinship caregivers/foster parents caring for children affected by parental substance misuse). All KIIs will last 60 minutes; focus groups will involve approximately 8 participants and last 90 minutes. In total, the team will conduct 108 KIIs and 30 focus groups across counties. All participants will complete a brief demographic form in person or by telephone prior to their session. The study team will aim to conduct all data collection during the site visit; however, we will prioritize scheduling sessions with parents/caregivers due to the sensitive nature of the discussion questions and to maximize flexibility for these participants. If needed, team members will schedule provider/stakeholder KIIs and focus groups to occur remotely (via telephone/Skype and/or online) after the site visit.

Team members will use semi-structured discussion guides for all sessions. Parent KIIs and caregiver KIIs and focus groups will focus on trajectories into opioid/substance misuse, potential opportunities for prevention, pathways into caring for children affected by parental drug misuse, the impact of parental drug use on children, services/supports received, and/or interactions/experiences with child welfare and other agencies. Service provider/key stakeholder KIIs and focus groups will focus on the primary drug use issues facing each county and its impact on the local child welfare agency, common ACEs resulting from parental drug misuse, supports and services available in the county, and promising strategies to prevent parental opioid/substance misuse and keep children safe.

**6. Number of collections (e.g., focus groups, surveys, sessions):**

**Rural Communities Substudy  
Participants, Data Collection Activities, and Methods**

Participants	Data Collection Activities & Methods
Substantive experts, evaluators, program directors, and developers	<ul style="list-style-type: none"> <li>▪ Six 60-min Wave 1 KIIs conducted by telephone</li> </ul>
Program directors and administrators	<ul style="list-style-type: none"> <li>▪ Six 60-min Wave 2 KIIs conducted by telephone</li> </ul>
Practitioners, program administrators, partners, and other related organization staff	<ul style="list-style-type: none"> <li>▪ Three to five 90-min interviews with one to four individuals conducted in-person during each of six site visits</li> </ul>

**Community Burden Substudy  
Participants, Data Collection Activities, and Methods per County (6 counties)**

Participants	Data Collection Activities & Methods
Parents with opioid misuse who are involved with CW	<ul style="list-style-type: none"> <li>▪ Six 63-min KIIs conducted in person and/or by telephone (upon request)</li> </ul>
Kinship caregivers	<ul style="list-style-type: none"> <li>▪ Four 63-min KIIs conducted in-person and/or by telephone</li> <li>▪ One 93-min focus group discussion with approximately eight participants conducted in-person or by telephone/online</li> </ul>
Foster parents	<ul style="list-style-type: none"> <li>▪ Four 63-min KIIs conducted in-person or by telephone</li> <li>▪ One 93-min focus group with approximately eight participants conducted in-person or by telephone/online</li> </ul>

Participants	Data Collection Activities & Methods
Multi-sectoral providers and stakeholders	<ul style="list-style-type: none"> <li>▪ Four 63-min KIIs conducted in-person or by telephone/Skype</li> <li>▪ Three 93-min focus groups with approximately eight participants conducted in-person or by telephone/online</li> </ul>

7. **Description of respondents/participants:** For the RCS, Mathematica will conduct key informant interviews with national and local experts familiar with serving rural families that have parental substance use disorders and are involved in the child welfare system. Wave 1 key informants will likely include substantive experts, evaluators, program directors, and developers. Wave 2 key informants will be program administrators. For site visits, participants will include program administrators and practitioners from child welfare agencies and substance use treatment facilities, and key partners or staff from related organizations, such as services providers, family drug treatment court professionals, law enforcement leaders, and evaluation partners.

In the CBS, participants will include (1) parents with a history of opioid/substance misuse and kinship caregivers/foster parents caring for children affected by parental opioid/substance misuse and (2) service providers from key sectors (e.g., child welfare, courts, law enforcement, substance use treatment, local government, and community organizations) and other key stakeholders. Each will participate either in a key informant interview or a focus group.

8. **Description of how results will be used:** For the RCS, results will inform ASPE, its federal partners, and state and local stakeholders about challenges and promising strategies to better serve rural, child-welfare-involved families affected by substance use. Similarly, the CBS will inform communities and CDC about community factors and promising prevention strategies that address the intersection of opioid misuse and child welfare. Together the components will identify issues for further study, identify models for rigorous evaluation, and identify potential topics on which communities may need technical assistance.
9. **Description of how results will or will not be disseminated and why or why not:** Both sub-studies will result in issue briefs and/or other reports that may be made publicly available. For the RCS, one brief will focus on the challenges faced by rural communities to serve families struggling with substance use and engaged in the child welfare system. The other will describe strategies that have been, or could be, used in rural communities to better serve this population.

**AMOUNT OF ANY PROPOSED STIPEND OR INCENTIVE – NONE**

**BURDEN HOUR AND COST COMPUTATION** (*Number of responses (X) estimated response or participation time in minutes (/60) = annual burden hours*):

**Estimated Annualized Burden Hours and Costs to Respondents – Addressing SUDs among Families Involved with the Child Welfare System: A Cross-Agency Collaboration**

Type of respondent	No. of Respondents	No. of responses per respondent	Average burden per response (in minutes)	Total burden hours	Hourly wage <sup>1</sup>	Total respondent costs
<b>Rural Communities Substudy</b>						
Key informants – wave 1: Substantive experts, evaluators, program directors, and developers	12	1	60	12	\$39.96	\$480
Key informants – wave 2: Program administrators	12	1	60	12	\$39.96	\$480
Site visits: Program administrators	12	1	90	18	\$33.91	\$610
Site visits: Practitioners	72	1	90	108	\$23.28	\$2,514
Site visits: Partners or staff from related organizations	36	1	90	54	\$33.91	\$1,831
<b>STUDY 1 TOTALS</b>	144			204		\$5,915
<b>Community Burden Substudy</b>						
KII informants – Parents/Caregivers	84	1	63/60	88	\$7.25	\$638
KII informants – providers/stakeholder	24	1	63/60	25	\$28.56	\$714
FG participants – Caregivers	96	1	93/60	149	\$7.25	\$1,080
FG participants – Providers/stakeholders	144	1	93/60	223	\$28.56	\$6369
<b>STUDY 2 TOTALS</b>	348			485		\$8,801
<b>COMBINED TOTAL</b>	492			689		\$14,716

<sup>1</sup>Estimates for the average hourly wage for respondents are based on the Department of Labor 2017 National Occupational Employment and Wage Estimates, March 30, 2018. Available at [https://www.bls.gov/oes/current/oes\\_nat.htm](https://www.bls.gov/oes/current/oes_nat.htm).

**OTHER SUPPORTING INFORMATION**

**REQUESTED APPROVAL DATE:** April 26, 2019

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